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STATISTICAL BULLETIN
Metropolitan Life Insurance Co.

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NINETEEN TWENTY EIGHT ANOTHER GOOD HEALTH YEAR

Health conditions among the industrial populations of the United States and Canada during 1928 were good. In only three years have they been excelled. The deathrate among the more than eighteen million Industrial policyholders of the Metropolitan Life Insurance Company indicates this clearly. This rate was 8.6 per 1,000, and was only 2.4 per cent. in excess of that for 1927, which, in turn, was the lowest ever recorded among this large cross-section of the population of the two countries. But this slight rise was entirely limited to the states east of the Rockies. Among insured persons living in California, Oregon, Washington, Utah, Idaho, Montana and Colorado, and among the Canadian policyholders, the 1928 health record surpassed that of 1927.

The Year Started Well

The first quarter of 1928 shared with the like period of 1927 the distinction of registering the lowest mortality rate on record for that season of any year. A new minimum for a first quarter, in fact, was established for white policyholders. Even before the close of the first quarter, however, there were indications that the health situation was becoming less favorable. In March there was a small rise from influenza-pneumonia, marking the beginning of the first of the two serious influenza outbreaks which were experienced in 1928. In April and May the mortality from these diseases increased sharply. As always obtains when the influenza-pneumonia rate rises, deaths from organic heart disease also increased appreciably. By the end of the first half of the year the health picture, while still somewhat better than the average, was by no means as good as in 1927. The record for the third quarter was distinctly good; and had the improvement during the summer months been maintained during the final three months, the

mortality rate for the year would have approached very closely the previous low point established in 1927. Late in November, however, another influenza outbreak occurred. The December deathrate for influenza-pneumonia was 151.2 per 100,000, as compared with 102.5 in December, 1927. The high mortality from these diseases was again instrumental in raising that for organic heart disease; and the end-result was an increase in the figure for all causes combined. Thus, influenza and pneumonia distorted the otherwise favorable trend of the mortality for the year.

The Deathrate Now and Seventeen Years Ago

The extent to which health conditions have improved among American and Canadian wage-earners, within a period of less than two decades, is clearly shown by comparison of the deathrates now and seventeen years ago. In 1928, there occurred 156,630 deaths among Metropolitan Industrial policyholders, aged one year and over. If the same deathrate had prevailed in 1928 as obtained in 1911, the deaths would have numbered 227,636—or 71,006 more than actually occurred. The deathrate in 1928 was 31.2 per cent. lower than in 1911.

The Health Records of the Industrial and General Populations Compared

Mortality statistics for the general population, comparable with those for Metropolitan Industrial policyholders, are not yet available for 1928; but they are at hand for 1927. Between 1911 and 1927 the deathrate among American and Canadian wage-earners, and their dependents, declined 33 per cent., while that for the population at large dropped only 16 per cent. The decline among the wage-earners between 1911 and 1927, over and above the decline for the general population, resulted in a net saving of 36,368 lives in the year 1927 alone. The cumulative saving of lives among Metropolitan Industrial policyholders over the entire period 1911-1927, over and above the saving expected from the decline in the mortality of the general population, was 314,763—a truly impressive total, which shows the effectiveness and wisdom of the Company's health conservation work among its policyholders. Health work which brings such results is worth what it costs.

Increase in the Life Span, 1911 to 1927

The expectation of life among the wage-earners, in 1927, was 56.42 years at birth, or higher than ever before. For the two years 1911-

1912, it was 46.63 years. Thus in a sixteen-year period there has been a gain of 9.79 years in the life expectancy of the industrial populations of the two countries. During this same period the expectation of life in the general population showed a gain of only 6.06 years. The longevity of the wage-earning population has almost caught up with that of the general population.

Closing the Gap Between Wage-Earners' and General Population Deathrates

In 1911, the crude deathrate of the insured was 24.3 per cent. in excess of that of the general population. In 1927, the crude deathrate, ages one and over (8.42 per 1,000), was actually lower than that recorded for a comparable part of the general population, ages one to seventy-four (8.45 per 1,000). The rate of decline in the mortality of Metropolitan policyholders since 1911 has been more than twice as rapid as has obtained in the general population.

New "Best Records" in 1928

Six diseases—typhoid fever, scarlet fever, diphtheria, tuberculosis, diarrheal complaints and puerperal conditions—all of major public health importance—established lower deathrates in 1928 than ever before. The outstanding achievement of the year was the further decline in the mortality from tuberculosis.

New Low Point in the Mortality from Tuberculosis

The deathrate for tuberculosis (all forms) in 1928 was exactly 90 per 100,000. This marks a drop of 4.1 per cent. from the former minimum of 93.8 established in the preceding year. The tuberculosis deathrate has declined 34.7 per cent. during the present decade and 59.9 per cent. since 1911. By reason of the almost continuous decline in tuberculosis mortality since 1911, 192,366 fewer Metropolitan Industrial policyholders died from 1911 to 1928 from that disease, than would have succumbed had the much higher deathrate of 1911 continued to prevail. The deathrate from tuberculosis of the respiratory system, which causes approximately nine-tenths of all the deaths from tuberculous disease, has declined 61 per cent. since 1911; and its new minimum deathrate of 79.4 per 100,000 is 4.3 per cent. below the former low point, 83.0 in 1927. Among white Industrial policyholders, the decline in the mortality has been even more pronounced.

A New Minimum for Typhoid Fever

The year 1928 recorded the lowest typhoid fever deathrate in the history of Metropolitan policyholders (2.7 per 100,000). The previous minimum was 4.2, in 1926. The 1928 typhoid fever mortality rate marks a decline of 88.2 per cent. since 1911. The future control of typhoid fever in our cities now depends, almost altogether, upon the handling of "carriers," and upon the maintenance of those measures for protecting water and food supplies which brought such large returns during the first twenty years of this century.

Communicable Diseases of Childhood

The four principal communicable diseases of childhood, considered jointly, also registered a lower deathrate in 1928 than ever before. A small increase for measles was more than counterbalanced by declines for the three other diseases. Scarlet fever and diphtheria registered lower deathrates than were ever before in evidence for these diseases among the children of American and Canadian wage earners, while the 1928 whooping cough rate was below that for any prior year, save one. The new low point for diphtheria followed an increase in 1927, which was disturbing to public health workers because it broke a decline which had continued since 1921. The present indications are that, as immunization of children with toxin-antitoxin becomes more and more general, the deathrate from this deadly but nevertheless preventable disease will drop steadily.

Diarrhea and Enteritis

The deathrate from diarrheal complaints dropped in 1928 to the new minimal figure of 8.6 per 100,000—a decline of 69 per cent. since 1911. The deathrate from these diseases has been regarded as an index of community and domestic sanitation. The decline in mortality from these intestinal complaints reflects the results not only of the Metropolitan's policy of health education among its policyholders but of other agencies in the protection of food supplies, more especially milk.

Lowest Deathrate for Diseases of Pregnancy and Childbirth

The 1928 deathrate for this group of diseases was only 14.1 per 100,000—or 9.6 per cent. below the previous minimum, 15.6, for 1926. The 1928 figure is 29 per cent. lower than that for 1911. New low points are also in evidence for puerperal septicemia and puerperal

albuminuria, which, jointly, cause more than half of the deaths from all puerperal causes. If the 1911 deathrate for puerperal diseases had prevailed last year, 1,036 more deaths of insured women would have occurred than actually did occur.

Influenza and Pneumonia

The two outbreaks of influenza, to which we referred on page 1 resulted in a greatly increased deathrate for these diseases. The more recent epidemic has extended into 1929, and will probably affect the deathrate for the first quarter of that year very seriously. The 1928 mortality rate from influenza-pneumonia, despite the two distinct outbreaks, did not run as high as in 1926, 1923 or 1922; it approximated only sixty per cent. of the rate in 1920; 44 per cent. of that in 1919, and 17 per cent. of that in the great pandemic year of 1918. Prior to 1918, every year since the Metropolitan began to record its mortality from individual causes of death showed a higher rate for influenza-pneumonia than did 1928, although the mortality from influenza, separately, was, with one exception, lower than in 1928. While the seriousness of the 1928 influenza outbreaks must be in no way minimized, it is nevertheless evident that they did not affect the deathrate as much as in the recent past.

Diabetes Mortality Higher in 1928 than Ever Before

The diabetes deathrate rose for the fourth consecutive year and the figure for 1928 (17.8 per 100,000) is the maximum in our experience. Since 1911 the diabetes deathrate has increased 34 per cent. The rise in recent years has been contemporaneous with the increasing use of insulin; and has occurred *despite* the fact that insulin has prolonged the lives of thousands of diabetics. Studies by this Company have shown that among males the diabetes deathrate, since the introduction of insulin has gone down steadily for all age groups up to 45; that between 45 and 65 no important change has occurred, but that after 65 there has been a distinct and significant rise. For females there has been no decline during the insulin period except in childhood and early adult life. Between ages 35 and 45, a slight rising tendency has been observed. After age 55 the increase has been very sharp.

Organic Heart Disease Deathrate Almost at Maximum; Slight Rise for the Other "Degenerative" Diseases

The deathrate for organic heart disease in 1928 rose to 143.4 per 100,000. This is only fractionally lower than the former maximum of

143.8 recorded in 1912, and marks an increase of 6.5 per cent. over the 1927 figure (134.7). The 1928 mortality rate for cardiac diseases is not much above the average for the period 1911-1918. In 1919, the year immediately following the great influenza pandemic, there was a twenty per cent. drop in the deathrate for cardiac conditions. This was no doubt due, in large part, to the fact that the deaths of a great many people with diseased hearts were hastened by attacks of influenza or pneumonia, and occurred in 1918 instead of subsequent years. After 1919, the cardiac deathrate again began to rise and a fairly steady upward trend has since persisted.

In 1921, heart disease and tuberculosis each recorded a rate of 117.4 per 100,000 and stood, jointly, at the head of the list of the causes of death in the wage-earning population. Since 1921 heart disease has been the leading cause of death.

The rise in the deathrate from cardiac affections in 1928 to almost the highest figure recorded is foremost among the unfavorable health developments of the year. This rise was due, in part, to the prevalence of influenza; but this was not the sole cause. The deathrate exceeded that of 1927 for eleven of the twelve months, and some of the largest differences were in months when influenza was not unusually prevalent. Some other cause, or causes, not determined at this writing, brought about the decided rise in 1928. It is interesting to note that in the Far West and in Canada the cardiac disease deathrate was lower in 1928 than in 1927. It was among the more than sixteen million insured persons living east of the Rockies that the increase occurred. It affected both white and colored policyholders.

The two other more important "degenerative" diseases—cerebral hemorrhage and chronic nephritis—registered only slightly higher rates than for 1927.

New Maximum for Cancer

The cancer situation continues to grow definitely worse. The deathrate for 1928 was 76.4 per 100,000, the highest yet recorded in this experience. The increase as compared with 1927 (75.6) was small, but the long-time trend has been persistently upward. Thus far, there has been no favorable development to reward the many efforts for cancer control which have been made during the last two decades. The 1928 deathrate was twelve per cent. in excess of that for 1911 (68.0). Cancer is outranked as a cause of death by only two diseases, heart disease and tuberculosis. As many deaths were caused by malignant growths in 1928 as by all types of violence (accidents, suicides and homicides) combined.

Slight Decline in Alcoholism Deathrate; that for Cirrhosis of the Liver Unchanged; Deaths from Wood and Denatured Alcohol Poisonings Increased Slightly

There were 599 deaths in 1928 from acute and chronic alcoholism (not including deaths from acute poisonings by wood and denatured alcohol). This compares with 603 deaths in 1927; and the deathrate declined slightly—from 3.5 per 100,000 in 1927, to 3.3 in 1928. The deathrate in 1926 was 3.7, which was the peak since the establishment of National Prohibition in 1920. Since 1922 the alcoholism deathrates have exceeded the figure of the "Wartime Prohibition" year, 1919 (1.4), and for 1918, the final year of the World War (1.8). They have not reached the level for any of the years 1911 to 1917, although, if deaths from wood and denatured alcohol were added to the totals since 1920, the deathrates would equal or closely approach those for certain prewar years. The decline in 1928 obtained among white policyholders only; there was a considerable rise among the colored.

States in which the alcoholism deathrate in 1928 was considerably in excess of the average are Florida, Maryland, Delaware, New York, Pennsylvania, Rhode Island, Ohio, Illinois and Massachusetts.

Of the 599 deaths charged to alcoholism in 1928, 591 occurred in the United States among approximately 17,250,000 policyholders, and only seven in Canada among approximately 1,200,000 insured.

During the seven years, 1922 to 1928, there occurred 3,497 deaths from alcoholism among Metropolitan Industrial policyholders. Among the more than 17,250,000 persons exposed to risk in the United States the deaths from this disease numbered 3,459, while among about 1,200,000 Canadians they totalled only 37. If deaths from this disease had occurred at the same rate among Canadian wage-earners as among those in the United States, there would have occurred among the former 241 deaths in seven years instead of only 37, as actually reported.

Twelve hundred and seventeen deaths were reported in 1928 from cirrhosis of the liver, which is closely associated with alcoholism The deathrate was 6.7 per 100,000, which is identical with that for 1927. There has been very little change in the deathrate from this disease under National Prohibition. While the tendency has been slightly upward, the mortality is not yet as high as in years prior to the World War.

Wood and denatured alcohol poisonings were responsible for 35 deaths in 1928, as compared with 29 in both 1927 and 1926. Deaths from this cause have never been important numerically. Prior to

prohibition, they were so few in number that vital statistics offices made no separate record of them. In the first year of National Prohibition they began to attract notice, and a record was kept of them. Their maximum mortality, however, occurred in that year; deaths then declined up to 1924, and following that year increased somewhat.

Fewer Violent Deaths in 1928

Deaths from violence in 1928 numbered 13,884 with a deathrate of 76.5 as compared with 79.8 in 1927. The suicide rate was identical for both years. There has been the very substantial decline of 36.8 per cent. in the deathrate from suicide since 1911. The homicide rate dropped to 6.7 per 100,000, from 7.4 in 1927. The 1928 mortality rate for this cause is 6.9 per cent. lower than that for 1911. All fatal accidents, considered as a group, caused 11,137 deaths in 1928, with a deathrate of 61.3, a 4.1 per cent. decline as compared with 1927, and a drop of 20.8 per cent. over the deathrate in 1911. Accidental falls, machinery accidents and railroad accidents all recorded lower deathrates than in the preceding year, and registered large declines over the rates in evidence seventeen years ago. There was no change in the deathrate for accidental burns in 1928, but that year shared with 1927 the distinction of registering the lowest mortality ever recorded for this cause of death. Accidental drownings increased somewhat, but the deathrate from this cause also is much lower than during the preceding decade.

Slight Decline for Automobile Fatalities

For the first time since the Metropolitan has kept a record of deaths due to automobile accidents, there was a drop in the deathrate. The decline was very small—only .5 per cent.; and no significance would attach to it were it not for the fact that even a drop as small as this is important when it signalizes the very first time there has been any decrease at all during a long period of years. It may mean that some impression is at last being made upon automobile fatalities, due to the concerted efforts of police, safety and insurance interests. The slight drop in the deathrate has added significance because it occurred in the face of an increase of about one million six hundred and thirteen thousand in the number of automobiles registered in the United States during 1928. There was no decline among Canadian policyholders, among whom the deathrate was 9.2—identical with that of last year and the highest ever recorded. Among policyholders west of the Rockies the automobile deathrate continued to increase, reaching a higher figure than ever before recorded.

Metropolitan Life Insurance Company

Deathrates per 100,000 for Principal Causes. Premium-paying Business in Industrial Department. 1911 and 1918 to 1928

(Ages One and Over)

CAUSE OF DEATH	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1911
ALL CAUSES OF DEATH	862.5	842.2	885.7	846.3	848.0	897.1	882.9	870.6	989.4	1063.0	1559.2	1253.0
Typhoid fever	2.7	4.7	4.2	4.6	4.4	5.2	5.7	6.7	6.7	7.3	11.5	22.8
Communicable diseases of childhood	18.9	19.7	25.9	19.7	26.2	33.1	29.8	37.9	43.1	31.5	41.6	58.9
Measles	4.1	3.4	8.0	2.5	5.7	8.4	4.3	3.2	8.5	3.5	8.6	11.4
Scarlet fever	2.6	3.0	3.4	3.4	4.3	4.4	4.9	7.0	6.0	3.9	3.6	13.1
Whooping cough	2.7	3.1	5.0	3.6	3.5	4.8	2.6	3.9	6.6	3.2	10.1	7.1
Diphtheria	9.4	10.2	9.5	10.2	12.7	15.5	18.0	23.8	22.1	20.9	19.3	27.3
Influenza and pneumonia	94.1	78.7	105.6	88.3	84.4	107.7	95.3	76.5	159.5	214.1	542.2	131.2
Influenza	21.9	15.7	27.4	19.4	14.2	30.1	21.7	8.7	53.5	96.9	272.4	15.9
Pneumonia	72.3	63.0	78.2	69.0	70.2	77.6	73.7	67.8	106.1	117.2	269.8	115.3
Poliomyelitis	1.2	2.0	.7	1.4	1.0	.7	.9	1.7	1.0	.6	1.1	1.6
Tuberculosis—all forms	90.0	93.8	99.5	98.2	104.4	110.5	114.2	117.4	137.9	156.5	189.0	224.6
Tuberculosis of respiratory system	79.4	83.0	87.9	87.0	93.4	100.6	103.6	105.6	124.0	141.6	171.2	203.0
Cancer—all forms	76.4	75.6	75.1	71.8	71.5	72.7	72.0	71.7	69.8	67.0	67.2	68.0
Diabetes mellitus	17.8	17.1	17.0	15.5	15.1	16.2	17.2	15.5	14.1	13.4	14.0	13.3
Alcoholism	3.3	3.5	3.7	3.0	2.9	3.0	2.1	.9	.6	1.4	1.8	4.0
Cerebral hemorrhage, apoplexy	57.2	56.0	56.5	54.4	61.1	61.9	62.9	62.1	61.3	59.8	64.0	64.2
Diseases of heart	143.4	134.7	136.4	128.7	125.2	128.7	126.7	117.4	117.0	113.9	141.7	141.8
Diarrhea and enteritis	8.6	9.1	10.5	12.3	11.3	11.1	10.8	14.2	15.8	16.9	23.4	28.0
Chronic nephritis (Bright's Disease)	71.3	70.8	74.9	71.2	66.5	69.6	70.3	68.0	70.8	73.5	86.8	95.0
Puerperal state—total	14.1	15.7	15.6	16.9	17.2	17.9	19.0	19.8	23.0	20.0	27.4	19.8
Puerperal septicemia	4.9	6.4	6.0	6.6	6.6	6.9	7.4	8.5	8.6	6.7	7.3	8.8
Puerperal albuminuria and convulsions	3.1	3.2	3.6	3.8	4.3	4.2	4.7	4.9	5.0	4.8	4.9	4.7
Accidents of pregnancy	1.6	1.3	1.7	1.6	1.6	1.8	1.7	1.6	3.1	3.0	6.9	1.7
Total external causes	76.5	79.8	77.2	78.3	76.9	77.8	71.8	72.0	72.0	94.2	128.9	97.9
Suicides	8.4	8.4	7.8	7.0	7.3	7.4	7.5	7.6	6.1	6.8	7.6	13.3
Homicides	6.7	7.4	7.2	7.4	7.2	7.3	6.3	6.7	5.8	6.9	6.2	7.2
Accidents—total	61.3	63.9	62.3	63.9	62.4	63.0	58.0	57.5	59.6	63.8	75.5	77.4
Accidental burns	5.3	5.3	6.1	6.1	6.4	6.3	6.1	6.6	8.1	8.1	9.0	8.8
Accidental drowning	7.1	6.8	6.3	6.5	7.3	6.7	7.3	8.2	6.7	8.6	9.4	10.2
Accidental traum. by fall	7.9	8.5	7.9	8.1	7.7	8.4	7.3	7.1	7.3	8.0	10.4	13.2
Accidental traumatism by machines	1.2	1.4	1.4	1.3	1.3	1.7	1.6	1.0	1.7	1.6	2.4	1.8
Railroad accidents	3.3	4.1	4.2	4.0	4.0	4.9	4.1	3.9	5.2	5.7	7.8	9.5
Auto accidents	18.6	18.7	17.0	16.8	15.9	15.4	13.6	12.2	11.1	10.7	10.3	2.3
All other accidents	18.0	19.1	19.4	21.2	19.7	19.5	18.0	18.5	19.5	21.2	26.1	31.6
War deaths	.....	*	*	*	*	.....	.1	.1	.5	16.6	39.7	.....
Other diseases and conditions	187.0	181.0	183.6	183.4	180.9	181.7	185.1	190.5	197.8	193.5	219.7	283.5

* Deathrate less than .05 per 100,000.

HEALTH RECORD FOR DECEMBER, 1928

The deathrate rose sharply in December, reflecting the wide prevalence of influenza and pneumonia which, jointly, were responsible for one-sixth of the 14,569 deaths reported for the month. The deathrate for all causes combined was 11.5 per cent. higher than for November and 4.5 per cent. in excess of that for December, 1927. Seven hundred and sixty-seven deaths were charged to influenza, corresponding to a deathrate of 48.3 per 100,000 as compared with 14.1 in November, 1928, and 17.9 in December, 1927. Pneumonia was charged with 1,634 deaths corresponding to a deathrate of 102.9, or 63.1 per cent. in excess of the November figure, and 21.6 per cent. above that for December of the preceding year. As invariably happens when the influenza-pneumonia mortality rate rises, that for heart disease also increased. The deathrates for the two other principal degenerative diseases—cerebral hemorrhage and chronic nephritis—were practically unchanged from those of December, 1927. Despite the large increase in deaths from influenza and pneumonia, the December deathrate for all causes combined is by no means the maximum for that month during the present decade. It was exceeded in 1926, 1924 and 1920.

The tuberculosis deathrate in December was only 75.1 per 100,000, a decline of 11.8 per cent. as compared with December, 1927, and the lowest December tuberculosis deathrate ever recorded among Metropolitan Industrial policyholders. Other causes of death with lower mortality rates than for the like month of 1927 are typhoid fever, measles, scarlet fever, diphtheria, cancer, diabetes, diarrheal complaints, suicide and accidents.

The general deathrate for the large cities of the United States, in December, was 15.1 per 1,000 population. This is a considerable increase over the rate for November, 1928 (12.3) and for December, 1927 (12.8). The diseases which were more prevalent in December than in November were influenza, measles and smallpox; those for which fewer cases were reported are diphtheria, poliomyelitis, scarlet fever and typhoid fever. Comparison with December, 1927, shows more cases of influenza and measles, with less sickness from diphtheria, poliomyelitis, scarlet fever, smallpox and typhoid fever.

Reported influenza cases in nineteen states rose from 20,208 during the first four weeks of November to 203,077 for the corresponding part of December. The states showing especially large increases were Michigan, Missouri and West Virginia.

The following table shows the mortality among the Industrial policyholders for December, 1928; November, 1928; December, 1927 and the year 1927:

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes, Premium-paying Business in Industrial Department (Annual Basis)

MONTHS OF DECEMBER, 1928; NOVEMBER, 1928, AND OF DECEMBER, 1927

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED*			
	Dec., 1928	Nov., 1928	Dec., 1927	Year 1927
TOTAL—ALL CAUSES	917.2	822.9	877.6	887.9
Typhoid fever	1.6	2.9	2.9	4.6
Measles	1.4	.9	2.0	4.1
Scarlet fever	2.4	1.5	2.5	3.1
Whooping cough	4.8	2.9	3.7	6.4
Diphtheria	11.2	9.8	14.5	10.6
Influenza	48.3	14.1	17.9	17.8
Tuberculosis (All forms)	75.1	75.6	85.1	93.6
Tuberculosis of resp'y system	67.6	65.7	75.1	81.9
Cancer	73.3	71.6	73.9	74.3
Diabetes mellitus	17.8	16.4	18.4	16.8
Cerebral hemorrhage	56.8	51.7	56.8	55.1
Organic diseases of heart	143.0	137.3	137.2	132.5
Pneumonia (All forms)	102.9	63.1	84.6	77.7
Other respiratory diseases	19.3	16.8	16.6	11.7
Diarrhea and enteritis	13.9	19.1	16.3	24.6
Bright's disease (Chronic nephritis)	67.9	65.2	66.6	69.5
Puerperal state	9.8	11.6	12.4	15.5
Suicides	7.1	7.6	7.3	8.3
Homicides	6.9	6.6	6.6	7.3
Other external causes (excluding suicides and homicides)	58.9	63.4	60.7	63.9
Traumatism by automobiles	20.3	20.2	16.7	18.4
All other causes	194.9	184.7	191.5	190.5

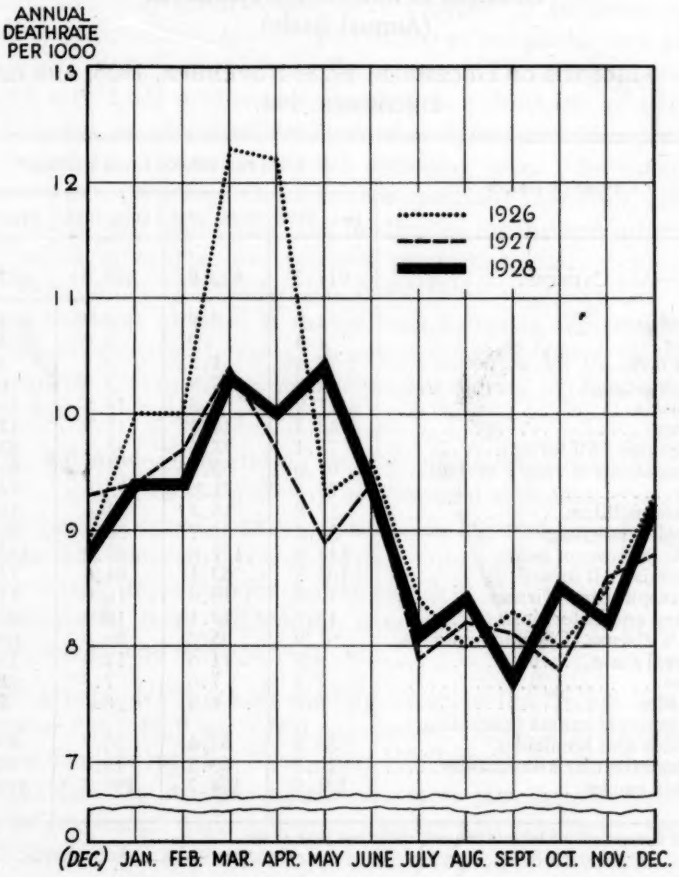
*All figures include infants insured under one year of age.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

STATISTICAL BULLETIN,
Metropolitan Life Insurance Company,
1 Madison Avenue, New York City.

Deathrates from All Causes

METROPOLITAN LIFE INSURANCE CO.
INDUSTRIAL DEPARTMENT



1926	10.0	10.0	12.3	12.2	9.3	9.6	8.4	8.0	8.3	8.0	8.5	9.3
1927	9.4	9.7	10.4	9.7	8.9	9.4	7.9	8.2	8.1	7.8	8.6	8.8
1928	9.4	9.4	10.3	10.0	10.4	9.4	8.1	8.4	7.7	8.5	8.2	9.2

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